

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW		10/24/01
O.I.P.E. CLASSIFIER		1, 4	1/30/01
FORMALITY REVIEW	NR	SSS	11-9-01
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	5/27/02
2	✓	✓	5/27/02
3	✓	✓	5/27/02
4	✓	✓	5/27/02
5	✓	✓	5/27/02
6	✓	✓	5/27/02
7	✓	✓	5/27/02
8	✓	✓	5/27/02
9	✓	✓	5/27/02
10	✓	✓	5/27/02
11	✓	✓	5/27/02
12	✓	✓	5/27/02
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47	✓	✓	5/27/02
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49	✓	✓	5/27/02
50	✓	✓	5/27/02

Claim	Final	Original	Date
51	✓	✓	5/27/02
52	✓	✓	5/27/02
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100	✓	✓	5/27/02

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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5-1400  
 11/04/01